

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

JUL 12 2010 Page 1 of 7
LEGISLATIVE RESOURCE CENTER

Name: Mary (Jean) Charbonneau **Daytime Telephone:** —**JUL -9 PM 12:32**

FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>WA</u>
	Candidates – Date of Election:	<u>Nov. 06, 2018</u>
Employing Office:	New Officer or Employee	Staff Filer Type (If Applicable):
		Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	Period Covered: January 1, _____ to _____	
	<input type="checkbox"/> Check if Amendment	
	<input checked="" type="checkbox"/> (Office Use Only)	

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>
C. Did you or your spouse have “earned” income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER “YES”
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding “Qualified Blind Trusts” approved by the Committee on Ethics and certain other “excepted trusts” need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, “unearned” income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer “yes” unless you have first consulted with the Committee on Ethics.	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: May (Jean) MORRISON

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Mary (Tenn) Charbonneau

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																																				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII										
SP, DC, JT	ASSET NAME	EIF																																																												
	<i>Early Retirement</i>	✓													None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*																																															
															None DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																															
															None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*																																															
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SCHEDULE C – EARNED INCOME

Name: Mary Sean Charkiewicz Page 4 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "Senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<i>Social Security Benefits (Treasury)</i>	<i>'Early'</i> <i>Social Security</i>	<i>\$4,530</i>	<i>\$8,880</i>

SCHEDULE D – LIABILITIES

Name: May (Jean) CHARBONNEAU

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse.

*Column K is for liabilities held solely by your spouse or dependent child.

Creditor SP. DC/JR	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example	Firs Bank of Wilmington, DE	5/93	Mortgage on Rental Property, Dover, DE						\$10,001-\$15,000			
									\$15,001-\$50,000			
									\$50,001-\$100,000			
									\$100,001-\$250,000			
									\$250,001-\$500,000			
									\$500,001-\$1,000,000			
									\$1,000,001-\$5,000,000			
									\$5,000,001-\$25,000,000			
									\$25,000,001-\$50,000,000			
									Over \$50,000,000			
									Over \$1,000,000* (Spouse/DC Liability)			

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position

Name of Organization

N/A

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	N/A	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and **two** prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate <i>NYA</i>	Accounting Services

**FILER NOTES
(Optional)**

Name: _____ Date: _____ Page 2

NOTE NUMBER	NOTES
1.	Filee has taken the bent of years of no child support, and numerous non payments of commissions.
2.	Medical set backs (yeses) had deterred financial progress.
3.	Financial instability has caused housing instability.
4.	Have been away for the month of June 2018. If anything has been overlooked, I will send it in as an amendment.
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Use additional sheets if more space is required.

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

JUL '02 2018

LEGISLATIVE RESOURCE CENTER

18 JUL -9 PM 12:32

Indicate Your Status:
(Select One)

Over \$5,000
Threshold Not
Exceeded

Dear Madam Clerk:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
of Candidacy

This is to notify you that under the laws of the state of _____, I withdrew my candidacy for the U.S. House of Representatives on _____.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): MARY (JEAN) CHARBONNEAU

State: MASSACHUSETTS District: Six (6)

Date: July 02, 2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601